U.S. Department of Visite 0172-MEF-WC Document 30 United States Marshals Service

PROCESSRECEIPFAND RETURN

See Instructions for "Service of Process by the U.S. Marshal"

the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below). Name and title of individual served (If not shown above). A person of suitable age and discretion then residing in the defendant's usual place of abode. Address (complete only if different than shown above) Date of Service Time am	DEFENDANT DONALD KING NAME OF INDIVIDUAL. COMPANY. CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SERZE OR CONDEMN ONE BERSA, MODEL 86, 380 CALIBER HANDGUN, BEARING SERIAL NUMBER 207100 ATC ADDRESS (Surver or RFD, Apprimen No. Cig., State, and TP Code; c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104 SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: Number of process to be served with the Form - 288 Tommie Brown Hardwick United States Attorney's Office Post Office Box 197 Montgomery, Alabama 36101-0197 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers, and Estimated Times Available For Service) AGENCY # 776045-06-0025 SIgnature of Attorney counter Originator/topolosising serviceson behalf of: SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers, and Estimated Times Available For Service) AGENCY # 776045-06-0025 SEQUENCY # 7												
SERVE NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEZE OR CONDEMN ONE BERSA, MODEL 86, 380 CALIBER HANDGUN, BEARING SERIAL NUMBER 207100 ADDRESS (Street or JRF). Aparment No. City, State, and IP Code) c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104 SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: Tommie Brown Hardwick United States Attorney's Office Assistant United States Attorney's Office Assistant United States Attorney of Office Assistant United States	SERVE NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ONE BERSA, MODEL 86, 380 CALIBER HANDGUN, BEARING SERIAL NUMBER 207100 ADDERS (Server or NPL. Aparament No. City, State, and TP Code! C/O ATF, 2 North Jackson Street. State 404, Montgomery, Alabama 36104 SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: Number of proteon to be served in this state. Tommie Brown Hardwick United States Attorney's Office Assistant United States Attorney of Office Assistant United States Attorney. Alabama 36101-0197 Montgomery, Alabama 36101-0197 SPECIAL INSTRUCTIONS OR OF THE INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service) AGENCY # 776045-06-0025 Signature of Antoney or other Originatorite designs services on behalf of: ### PLAINTIFF *** TELEPHONE NUMBER** *** SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE *** I selamouldege receipt for the total number of process indicated.** No. No. No. No. No. No. No.		ATES OF AM	ERICA								t .	
ONE BERSA, MODEL 86, .380 CALIBER HANDGUN, BEARING SERIAL NUMBER 207100 ADDRESS (Street or RF). Apartment No. City. State, and ZIP Code! CO ATF, 2 North Jackson Street. Suite 404, Montgomery, Alabama 36104 SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: Number of process to be served with the form - 28 Tommie Brown Hardwick United States Aftorney's Office Assistant United States Aftorney's Office Assistant United States Aftorney Post Office Box North Box Numbers, Alabama 36101-0197 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service) Segnature of Antorney or other Originatory obesting service on behalf of: AGENCY # 776045-06-0025 Segnature of Antorney or other Originatory obesting service on behalf of: DATE OBJECTION OF USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE 1 seknowledge medigin for the roal manufact of process indicated. Originally first ISSN 265 flower than No. No. No. No. No. Septimized States And Tenure that 1 to have personally served. have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., attend above 68ee remarks below). Thereby certify and return that 1 am unable to locate the individual, company, corporation, etc., attend above 68ee remarks below). Service Fee Total Mileage Charges. Forwarding Fee Youl Charges Advance Deposits Amount Owed to US Marshal or Amount or Refund Address (complete only if different than thorn above). Forwarding endeavory) Forwarding Fee Youl Charges Advance Deposits Amount Owed to US Marshal or Amount or Refund	ONE BERSA, MODEL 86, .380 CALIBER HANDGUN, BEARING SERIAL NUMBER 207100 ADDRESS (Street or RFD, Apartment No. City, State, and ZIP Code) C/O ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104 SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: Number of process to be served with the form - 28 Tommie Brown Hardwick United States Attorney's Office Assistant United States Attorney Fost Office Box No. No. No. No. No. No. No. No. Date Office Fore Authorized USMS Deputy or Clerk Date Foreign and return that 1 Date Foreign and Green Box Foreign and Foreign States Foreign and Foreign States Foreign and Foreign States Foreign and Foreign States Foreign and Green States Foreign and Foreign States Fore		ING							PRELIMINAR'		ER OF	
ONE BERSA, MODEL 86, 380 CALIBER HANDGUN, BEARING SERIAL NUMBER 207100 ADDRESS (Sizer or RED. Approximation. City. State; and ZEP Code; c/o ATF, 2 North Jackson Street, suite 404, Montgomery, Alabama 36104 SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: Number of process to be served	ONE BERSA, MODEL 86, 380 CALIBER HANDGUN, BEARING SERIAL NUMBER 207100 ADDRESS (Sizer or RED. Approximation. City. State; and ZEP Code; c/o ATF, 2 North Jackson Street, suite 404, Montgomery, Alabama 36104 SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: Number of process to be served	SERVE	NAME OF INDIVI	IDUAL. COMPA	NY, CORPORAT	TION, ETC. TO SE	RVE OR [DESCRIPTION OF	PROPERTY	ro seize or con	IDEMN		
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: Namber of process to be served with this form - 285 Namber of process to be served in this case Namber of process to be served in this case Namber of process to be served in this case Namber of process to be served in this case Namber of process to be served in this case Namber of process to be served in this case Check for service on U.S.A.	SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: Namber of process to be served with this form - 285 Namber of process to be served in this case Namber of process to be served in this case Namber of process to be served in this case Namber of process to be served in this case Namber of process to be served in this case Namber of process to be served in this case Check for service on U.S.A.	ŞEK ∀ E	ONE BERSA, MODEL 86, .380 CALIBER HANDGUN, BEARING SERIAL NUMBER 207100										
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: Number of process to be served 1	SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: Number of process to be served 1	AT	.ADDRESS (Street	or RFD, Apartme	nı No., City, State	e, and ZIP Code)							
Tommie Brown Hardwick United States Attorney's Office Assistant United States Attorney Post Office Bx 197 Montgomery, Alabama 36101-0197 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers, and Estimated Times Available For Service) AGENCY # 776045-06-0025 SIgnature of Attorney or other Originator processing service on behalf of: SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers, and Estimated Times Available For Service) AGENCY # 776045-06-0025 SIgnature of Attorney or other Originator processing service on behalf of: SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers of Originator Processing Service on behalf of: SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers of Originator Processing Service on behalf of: SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers of Originator Processing Service on Originator Processing Service on Originator Processing Service on Originator Originator Processing Service on Originator Origi	Tommie Brown Hardwick United States Attorney's Office Assistant United States Attorney Post Office Bx 197 Montgomery, Alabama 36101-0197 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers, and Estimated Times Available For Service) AGENCY # 776045-06-0025 SIgnature of Attorney or other Originator processing service on behalf of: SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers, and Estimated Times Available For Service) AGENCY # 776045-06-0025 SIgnature of Attorney or other Originator processing service on behalf of: SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers of Originator Processing Service on behalf of: SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers of Originator Processing Service on behalf of: SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers of Originator Processing Service on Originator Processing Service on Originator Processing Service on Originator Originator Processing Service on Originator Origi		c/o ATF, 2 N	forth Jackson	Street, Suite	e 404, Montgo	omery,	Alabama 361	.04			_	
United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Isstimated Times Available For Service) AGENCY # 776045-06-0025 Signature of Attorney or other Originator treadesting servicegon behalf of: PLAINTIFF	United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Isstimated Times Available For Service) AGENCY # 776045-06-0025 Signature of Attorney or other Originator treadesting servicegon behalf of: PLAINTIFF	SEND NOTICE	OF SERVICE TO	REQUESTER	AT NAME AN	D ADDRESS BI	ELOW:	 			1		
Post Office Box 197 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service) AGENCY # 776045-06-0025 Signature of Attorney or other Originator redecting service on behalf of: AGENCY # 776045-06-0025 Signature of Attorney or other Originator redecting service on behalf of: AGENCY # 776045-06-0025 Signature of Attorney or other Originator redecting service on behalf of: AGENCY # 776045-06-0025 Signature of Attorney or other Originator redecting service on behalf of: AGENCY # 776045-06-0025 Signature of Attorney or other Originator redecting service on behalf of: AGENCY # 776045-06-0025 Signature of Attorney or other Originator redecting service on behalf of: AGENCY # 776045-06-0025 Signature of Attorney or other Numbers	Post Office Box 197 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service) AGENCY # 776045-06-0025 Signature of Attorney or other Originator redecting service on behalf of: AGENCY # 776045-06-0025 Signature of Attorney or other Originator redecting service on behalf of: AGENCY # 776045-06-0025 Signature of Attorney or other Originator redecting service on behalf of: AGENCY # 776045-06-0025 Signature of Attorney or other Originator redecting service on behalf of: AGENCY # 776045-06-0025 Signature of Attorney or other Originator redecting service on behalf of: AGENCY # 776045-06-0025 Signature of Attorney or other Originator redecting service on behalf of: AGENCY # 776045-06-0025 Signature of Attorney or other Numbers	U	nited States Att	torney's Offic	ce					rties to be served		_	
Telephone Numbers, and Estimated Times Available For Service) AGENCY # 776045-06-0025 Signature of Attorney or other Originator repositing service on behalf of: Description	Telephone Numbers, and Estimated Times Available For Service) AGENCY # 776045-06-0025 Signature of Attorney or other Originator repositing service on behalf of: Description	Pe	ost Office Box	197	•			1	Check for serv	Check for service on U.S.A.			
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE Lacknowledge receipt for the total number of process indicated. Sign and pirst USM 285 in more than one USM 285 is submitted) Total Process No	SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 in one than one USM 285 is submitted) I have personally served. have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., shown at the address inserted below. Thereby certify and return that I am unable to locate the individual, company, corporation, etc., shown at the address inserted below. Thereby certify and ard return that I am unable to locate the individual, company, corporation, etc., shown at the address inserted below. A person of suitable age and discretion then residing in the defendant's usual place of abode. Address (complete only if different than shown above) Date of Service Date of Service Time am 3 - 31 - 08 3: 2 0 pm Signapert of USM 285 for purply Marshal or Amount or Refund Amount or Refun	Telephone Num	bers, and Estimated				IN EXPE	EDITING SERV	ICE (Include	Business and Alt	ernate	Address, All	
Cacknowledge receipt for the total number of process indicated. Sign only first USM 285 (f more than No	Cacknowledge receipt for the total number of process indicated. Sign only first USM 285 (f more than No	7	\ /\ /\ /	\mathcal{U}_{\perp}	ig service on be	chalf of :							
number of process indicated. Sign only first USM 285 is submitted) No	number of process indicated. Sign and prist USM 285 is submitted) No		SPACE BELO	OW FOR U	SE OF U.S.	MARSHAL	ONLY	- DO NOT	WRITE B	ELOW THIS	LIN	 E	
I hereby certify and return that I have personally served. have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below). Name and title of individual served (If not shown above). A person of suitable age and discretion then residing in the defendant's usual place of abode. Address (complete only if different than shown above) Date of Service Time am 3-31-08 Signaparte Thy Marshal or Deputy Signaparte Thy Marshal or Deputy Amount Owed to US Marshal or Amount or Refund	I hereby certify and return that I have personally served. have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below). Name and title of individual served (If not shown above). A person of suitable age and discretion then residing in the defendant's usual place of abode. Address (complete only if different than shown above) Date of Service Time am 3-31-08 Signaparte Thy Marshal or Deputy Signaparte Thy Marshal or Deputy Amount Owed to US Marshal or Amount or Refund	number of process (Sign only first US)	indicated. M 285 if more than		1		o Serve	Signature of Au	thorized USMS	Deputy or Cl;erk		Date	
Name and title of individual served (If not shown above). A person of suitable age and discretion then residing in the defendant's usual place of abode. Address (complete only if different than shown above) Date of Service Time am 3-31-08 3: 20 pm Signapure of U.S. Marshal or Deputy Signapure of U.S. Marshal or Deputy Amount or Refund	Name and title of individual served (If not shown above). A person of suitable age and discretion then residing in the defendant's usual place of abode. Address (complete only if different than shown above) Date of Service Time am 3-31-08 3: 20 pm Signapure of U.S. Marshal or Deputy Signapure of U.S. Marshal or Deputy Amount or Refund	I hereby certify	and return that I	have personal	ly served, h	ave legal evidence	ce of serv	ice, have ex-	ecuted as show	wn in "Remarks"	, the pr	rocess descrit	bed on
Address (complete only if different than shown above) Date of Service Time am 3-31-08 Signapore of U.S. Marshal or Deputy Signapore of U.S. Marshal or Deputy Amount or Refund Amount or Refund	Address (complete only if different than shown above) Date of Service Time am 3-31-08 Signapore of U.S. Marshal or Deputy Signapore of U.S. Marshal or Deputy Amount or Refund Amount or Refund	the individual, c	ompany, corporation	on, eic. at the at		SOAC OL ON THE HE	uiviuuzi,	occupant, occupa	ration, etc., s	mown as the addr	***		
Service Fee Total Mileage Charges (including endeavors) Forwarding Fee Total Charges Advance Deposits Amount Owed to US Marshal or Amount or Refund	Service Fee Total Mileage Charges (including endeavors) Forwarding Fee Total Charges Advance Deposits Amount Owed to US Marshal or Amount or Refund		<u> </u>	<u> </u>			•				-		
Service Fee Total Mileage Charges (including endeavors) Forwarding Fee Total Charges Advance Deposits Amount Owed to US Marshal or Amount or Refund	Service Fee Total Mileage Charges (including endeavors) Forwarding Fee Total Charges Advance Deposits Amount Owed to US Marshal or Amount or Refund	[hereby certify	y and and return that I	l am unable to loca			•		remarks below).	person of suitable	age and	discretion then ual place of abo	xle.
(including endeavors)	(including endeavors)	I hereby certification I have and title of i	y and and return that l	1 am unable to located to shown above).			•		Pate of Sei	person of suitable siding in the defend	age and ant's us	oual place of abo	am
REMARKS:	REMARKS:	I hereby certification I have and title of i	y and and return that l	1 am unable to located to shown above).			•		Date of Set	person of suitable a stiding in the defendence	age and ant's us	oual place of abo	am
		Name and title of i	y and and return that I ndividual served (If no only if different than :	I am unable to locate of shown above).	ate the individual.	соправу, согрога	tion, etc., n	named above (See	Date of Ser	person of suitable a siding in the defendance. 1-08 THUS Marshal or I	Time	eval place of abo	am pm
		Name and title of i Address (complete Service Fee	y and and return that I ndividual served (If no only if different than :	I am unable to locate of shown above).	ate the individual.	соправу, согрога	tion, etc., n	named above (See	Date of Ser	person of suitable a siding in the defendance. 1-08 THUS Marshal or I	Time	eval place of abo	am pm